

PATIENT LAST NAME: \_\_\_\_\_ PATIENT FULL FIRST NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

CLINICAL INDICATIONS/SIGNS/SYMPTOMS (NOT RULE/OUT): \_\_\_\_\_

ICD-10: \_\_\_\_\_

PHYSICIAN SIGNATURE (REQUIRED): \_\_\_\_\_ PHYSICIAN NAME (PRINTED OR STAMPED): \_\_\_\_\_ PHYSICIAN ADDRESS: \_\_\_\_\_

**PATIENTS:** CALL TO MAKE AN APPOINTMENT TAKE A CELL PHONE PHOTO OF THIS FORM AND TEXT OR EMAIL IT TO RX@ZPRAD.COM

**MRI (MAGNETIC RESONANCE IMAGING)** **X-RAY**

- 1 MRI Brain: No IV Contrast 70551**  
 Headache     Dizziness  
 Memory Loss     Trauma  
 Seizures
- 6 MRI Orbits/Face: No IV Contrast 70540**  
 Trauma
- 7A MRI TMJ No IV Contrast 70336**
- 16 MRI Chest: No IV Contrast 71550**  
 Pectoralis Tear     SC Joint Pain  
 Sternal Trauma     Brachial Plexus
- 29 MRI Upper Extremity Joint: No IV Contrast 73221**  
 R    L Shoulder    Indications:     Labral Tear  
 R    L Elbow     Joint Pain     Ligament Tear  
 R    L Wrist     Fracture     Tendon Tear
- 32 MRI Upper Extremity Non-Joint: No IV Contrast 73218**  
 R    L Humerus    Indications:  
 R    L Forearm     Fracture  
 R    L Hand     Muscle Tear  
 R    L Finger Specify#: \_\_\_\_\_     Tendon Tear
- 34 MRI Lower Extremity Joint: No IV Contrast 73721**  
 R    L Hip    Indications:  
 R    L Knee     Pain     Meniscal Tear  
 R    L Ankle     Fracture     Ligament Tear  
 Internal Derangement     Cartilage Tear  
 Labral Tear

- 37 MRI Lower Extremity Non-Joint: No IV Contrast 73718**  
 R    L Femur/Thigh    Indications:  
 R    L Tib/Fib / Calf     Fracture  
 R    L Foot     Muscle Tear  
 R    L Toe Specify#: \_\_\_\_\_     Tendon Tear
- 40 MRI Cervical Spine: No IV Contrast 72141**  
 Neck Pain     Disc Herniation  
 Numbness     Trauma  
 Radiculopathy
- 41 MRI Cervical Spine: Pre + Post IV Contrast 72156**  
 Syringx  
 Discitis
- 42 MRI Thoracic Spine: No IV Contrast 72146**  
 Pain     Trauma  
 Disc Herniation     Compression Fracture  
 Radiculopathy
- 43 MRI Thoracic Spine: Pre + Post IV Contrast 72157**  
 Syringx  
 Discitis
- 44 MRI Lumbar Spine: No IV Contrast 72148**  
 Lower Back Pain     Disc Herniation  
 Numbness     Radiculopathy  
 Trauma     Leg Pain
- 45 MRI Lumbar Spine: Pre + Post IV Contrast 72158**  
 Discitis  
 Post-Op
- 49 Other** \_\_\_\_\_  
 \_\_\_\_\_

**CT (COMPUTED TOMOGRAPHY)**

- 50 CT Head: No IV Contrast 70450**  
 Bleed  
 Seizures
- 60 CT Orbits: No IV Contrast 70480**  
 Trauma
- 78 CT Pelvis: No Oral, No IV Contrast 72192**  
 Bony Pelvis  
 SI Joints  
 Sacrum/Coccyx
- 84 CT Cervical Spine: No IV Contrast 72125**
- 85 CT Thoracic Spine: No IV Contrast 72128**
- 86 CT Lumbar Spine: No IV Contrast 72131**
- 99 Other** \_\_\_\_\_

**OTHER**

\_\_\_\_\_  
 \_\_\_\_\_

- 120 X-Ray Head**  
 Skull  
 Nasal Bones  
 Facial Bones  
 Sinus  
 Orbits For Foreign Body  
 Orbits-Complete
- 121 X-Ray Neck**  
 Soft Tissue Neck Lateral  
 Mandible  
 TMJ    Bilateral    Right    Left
- 122 X-Ray Chest**  
 Chest  
 Right Ribs  
 Left Ribs  
 Bilateral Ribs  
 Sternum  
 Sternoclavicular Joints
- 124 X-Ray Spine**  
 Cervical  
 Add Lateral Flexion/Extension  
 Add AP Right & Left Lateral Bending  
 Thoracic  
 Lumbar  
 Obtain Lumbar Films Upright  
 Add Lateral Flexion/Extension  
 Add AP Bending To R & L  
 Sacrum/Coccyx  
 Scoliosis Series (Always Upright)
- 125 X-Ray Extremities**  
 RIGHT    LEFT    BILATERAL  
 Clavicle  
 A/C Joints  
 Shoulder  
 Humerus  
 Elbow  
 Forearm  
 Wrist  
 Bone Age  
 Hand  
 Finger Specify #: \_\_\_\_\_  
 Pelvis    Weight-Bearing  
 Hip    Weight-Bearing  
 Femur  
 Knee    Weight-Bearing  
 Calcaneus  
 Foot    Weight-Bearing  
 Toe Specify #: \_\_\_\_\_

